

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/803319

FILING DATE

03-09-01

APPLICANT(S)

8-20-08 5-24-04 CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		2		2		2
4		2		2		2
5		2		2		2
6		2		2		2
7		2		2		2
8		1		1		1
9		1		1		1
10		2		2		2
11		2		2		2
12		2		2		2
13		2		2		2
14		2		2		2
15		2		2		2
16		2		2		2
17		2		2		2
18		2		2		2
19		2		2		2
20		2		2		2
21	1		1		1	
22		1		1		1
23		1		1		1
24		1		1		1
25		1		1		1
26		1		1		1
27		1		1		1
28		1		1		1
29		1		1		1
30		1		1		1
31		1		1		1
32		1		1		1
33		1		1		1
34		1		1		1
35		1		1		1
36		1		1		1
37		1		1		1
38		1		1		1
39		1		1		1
40		1		1		1
41		1		1		1
42		1		1		1
43		1		1		1
44		1		1		1
45	1		1		1	
46		1		1		1
47		1		1		1
48		1		1		1
49		1		1		1
50		1		1		1
TOTAL IND.	5		5		5	
TOTAL DEP.		65		69		74
TOTAL CLAIMS	5	70	5	74	5	74

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS